State of Minnesota District Court Judicial District: County Court File Number: Case Type: Domestic Abuse In the Matter of: Petitioner **Affidavit and Order** to Show Cause for Contempt VS. (Minn. Stat. § 518B.01) Respondent STATE OF MINNESOTA) SS COUNTY OF ____ (Petitioner)(Peace Officer) (Other interested party designated by the Court) state that Respondent violated the following provisions of the Restraining Order dated _____ (List provisions of the Order that Respondent violated.) These provisions were violated when Respondent committed the following acts (Describe specific acts including what happened, who was involved and approximate dates. List the most recent dates first. Add additional sheets if necessary.) I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116. Dated: ____ Signature Name: Address: City/State/Zip: Telephone: (_____) E-mail address:

Order

TO:	, the Respondent:
Based on the Affidavit and all of the records and poto appear at	roceedings in this matter, YOU ARE ORDERED
(Address)	On(Date)
(Addices)	(Date)
atm. and explain why you should not be Order for Protection dated	
It is further ordered that the appropriate law enforce or serve this Order, without charge.	ement agency shall help Petitioner execute and /
Note: All responsive pleadings shall be served an no later than five days prior to the scheduled hear any responsive pleadings served or filed with the such hearing in ruling on the motion or matter in quantum process.	ring. The Court may, in its discretion, disregard court administrator less than five days prior to
If you do not appear, the court may hold you in for your arrest.	a contempt of court, and may issue a warrant
Dated:	Judge of District Court
NOTE: Bring witnesses and any supporting docum	nentation to the hearing.
Distrib	
	dministrator with Affidavit of Personal Service
attached Copy for Patitionar(s)	Converge Posses dont(s)
Copy for Petitioner(s) Copy for file until original returned	Copy for Respondent(s) Copy for local police department
Copy for Sheriff	Other:
Dissolution File	